



PREMIUM FINANCE COMPANY BALANCE SHEET
NORTH DAKOTA INSURANCE DEPARTMENT
SFN 16836 (11-2003)

Report for the year beginning January 1 and ending December 31, 20 ____.

COMPANY INFORMATION

Name of Licensee	Company Organization (<i>select only one</i>)
	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

ASSETS		LIABILITIES			
1. Cash and Bank Deposits		1. Notes Payable to Banks (from Schedule C)			
2.		2. Notes Payable to Others (from Schedule D)			
3. Notes Receivable		3. Accounts Payable			
4.		4. Taxes Due			
5. Accounts Receivable		5. Rent Due			
6. Life Insurance		6. Loans Against Life Insurance			
(cash surrender value, do not deduct loans)		7. Accrued Expenses			
7. Securities (Itemized on Schedule A)		8. Chattel Mortgages			
8. Other Current Assets (Itemize)		9. Real Estate Mortgages			
9.		10. Reserves (Itemize)			
10.		11. Other Liabilities (Itemize)			
11. Real Estate (Itemized on Schedule B)		12.			
12. Furniture and Fixtures (used in business)		13.			
13. Prepaid Expenses		14.			
14.		15.			
15. Other Assets (Itemize)		16.			
16.		17. TOTAL LIABILITIES			
17.		18. Net Worth (if not incorporated)			
18.		19. Capital Stock (if incorporated, complete table below)			
19.			No. of Shares	Current Market Value	Par Value
20.		Preferred			
21.		Common			
22. TOTAL ASSETS		20. Surplus			
		21. TOTAL			

SCHEDULE A - SECURITIES OWNED

FACE VALUE (BONDS) NO. OF SHARES (STOCKS)	DESCRIPTION OF SECURITY	MARKET VALUE	INCOME RECEIVED LAST YEAR	TO WHOM PLEDGED

SCHEDULE B - REAL ESTATE

LOCATION, DESCRIPTION & YEAR PURCHASED	COST	ASSESSED VALUE	FIRE INSURANCE	PRESENT VALUE	MORTGAGE AMOUNT WHEN DUE	YEARLY GROSS RENTAL INCOME

SCHEDULE C - DUE TO BANKS

NAME OF BANK	COLLATERAL	WHEN DUE	AMOUNT DUE
TOTAL DUE TO BANKS			

SCHEDULE D - DUE TO OTHERS

NAME OF BANK	COLLATERAL	WHEN DUE	AMOUNT DUE
TOTAL DUE TO OTHERS			

LIFE INSURANCE

NAME OF INSURANCE COMPANY POLICY NUMBER & ISSUE DATE	BENEFICIARY	TO WHOM POLICY IS ASSIGNED	FACE AMOUNT OF POLICY	TOTAL LOANS AGAINST POLICY	TOTAL CASH SURRENDER VALUE

AFFIDAVIT OF OWNERS OR OFFICERS

Each signer of this document, being duly sworn, states that: I am an owner or officer of the premium finance company named in this balance sheet. I have examined this report and any attachments that are submitted with it, and they are true, complete and correct to the best of my knowledge and belief.

Signature of Owner, or Officer if Incorporated	Date	Name and Title (Typed or Printed)
Signature of Co-owner if Partnership	Date	Name and Title (Typed or Printed)

State of _____)
) ss.
 County of _____)

Subscribed and sworn to me this _____ day of _____,
 20____

 Notary Public

My Commission Expires: _____

(Seal)